

Floyd County Public Schools

NAME/ADDRESS CHANGE FORM

Please complete all applicable areas:			
☐Name Change	☐ Address Change	☐Phone Number Change	☐ Email Change
NAME CHANGE			
Must provide a copy of new social security card and new tax withholding forms (W-4 and VA-4) with new name.			
New Name			
	First	Middle	Last
Previous Name:			
	First	Middle	Last
**As a friendly reminder, if you need to make changes/update beneficiaries to your VRS benefits, please access your <i>myVRS</i> account at www.varetire.org . Under Manage my Benefits, select Manage Beneficiaries; Click Add/Edit to name/update information.			
CHANGE OF AD	DRESS / PHONE /	EMAIL	
New Address			
Str	eet or Mailing Address		
City		State	Zip
New Phone (include area	a code) () Home		
New Email			
EFFECTIVE DATE OF CHANGE(S):			
	. ,		
		XXX-XX-	
Empl	loyee Printed Name	Soc. Se	ec. No.
Employee Signature			ate
Return form to: Floyd County Public Schools Administrative Office ATTN: Human Resources 140 Harris Hart Road NE Floyd, VA 24091			

For questions, please contact the School Board Office at (540) 745-9400.

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